

WORKFORCE SERVICES

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**FOLLOW-UP**

<i>Scheduled Date</i>	
<i>Completed Date</i>	
<i>Follow-up</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

APPLICANT INFORMATION

Name: _____ Last four of SSN: _____

Name of Employer: _____

FOLLOW-UP INFORMATIONHave you returned to SCSEP within the last three months? ☐ Yes ☐ NoHave you re-enrolled in SCSEP within the last three months? ☐ Yes ☐ NoDid you earn any wages in the last three months? ☐ Yes ☐ No

If yes, what is your hourly wage? \$ _____ On average how many hours per week did you work? _____

May we verify your wage information with your employer? ☐ Yes ☐ No If yes, phone number: (____) _____ - _____

Additional information you would like to share:

AGREEMENT

I certify that the information on this application and the supporting documents are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation, or omission of facts, represents grounds for elimination from consideration for employment, or termination from SCSEP if discovered at a later date, you may be subject to legal penalties. I authorize the DLR to investigate and verify all statements contained in this application and supporting materials.

PARTICIPANT SIGNATURE_____
DATE**STATE USE ONLY**

Exclusions:

☐ Deceased☐ Health/Medical☐ Family Care☐ Institutionalized